CANDIDATE	/	OFFICE	HOLDER
CAMPAIGN	FI	NANCE	REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this	form. 1 ACCOUN (Ethics Comm	T # 2 rssion Filers)	Total pages filed.
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME AST		MI Date	OFFICEDSE ON RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /PO BOX, APT / SUITE #: P: 0. Get 1400 }}	CITY; STATE,	ZIP CODE 777/4 Date	P C C E R
change of address		,		ceipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (9,7) 9-6-1369	EXTENSIO	N	e Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST (MAM) NICKNAME LAST VAGANT-R	VIIIA	MI Date	e Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) AP	ot/suite#: city of GT., 9te. 1	STATE: ZIP	IN, H 78701
8 CAMPAIGN TREASURER PHONE	AREA CODE 477-3090	EXTENSION	N	
9 REPORT TYPE	January 15 30th day before			15th day after campaign freasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Th	HROUGH / 0	Day Ye	4
11 ELECTION	Month ELECTION DATE Print O 4 / 14 Print		General	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICESC	<u> </u>	n, Dest. 1
	GO	TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	who the	lostD	15 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
,	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
. additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OP LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNI ESS ITEMIZ(\$ 390.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 790.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 706.					
	4. TOTAL POLITICAL EXPENDITURES \$ 1475.6					
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$ 489.40			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT	•					
DEENA ESTRADA SALINAS Notory Public. State of Texas My Commission Expires November 19, 2018 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 16. Election Code. Signature of Candidate or Officeholder						
AFFIX NOTARY STAM	P / SEAL ABOVE					
Sworn to and subs $\sqrt{\frac{1}{1}}$ day	of NYVIL	\	ny hand and seal of office.			
Signature of officer admir	WKS .	Juna Estrada-Salinas	NotacyPullic			
Signature of officer admir	iistering oatn	Printed name of officer administering oath	Title of office administering oath			

POLITICAL	CONTRIBUT	IONS
OTHER THA	AN PLEDGES	OR LOANS

<u></u>				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Vallerie Menard		3 ACCOUNT# (E	thics Commission Filers)
4 Date 10-5-14	5 Full name of contributor out-of-state-PAC (ID#	<u>~</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State; Zip Code	+	20.00	
	AVGITY 11 78731		(If travel outside o	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employed (Sep	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-3-14	Contributor address; City: State; Zip Code	HATTONIO,	\$ 20.00	
	TX 782	18	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, control of course
Date (1) -) -/ 4	Pull name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
<i> </i>	Contributor address: City: State; Zip Code		300.00	
	AVGIINIX 18701		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) UMM	Employer (See I	nstructions)/	
10-1-14	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		\$40.00] I
	ROUND ROTIC, TX 786)	>j	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		TEXAS. COMPLETE SCHEDULE 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-30-14	Contributor address; City; State; Zip Gode 5709 GPICTWOOD GPKIN	~ Po	\$ 40.00	
	1/2 104 9/10/2000 G/KIN	けんり	, ,	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	- , 			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:				
2 FILER NAME VALUE MONTED	3 ACCOUNT # (Ethics Commission Filers)				
4 Date 5 Full name of contributor □ out-of-state PAC(ID#	7 Amount of contribution (\$) description (if applicable)				
10-7-14 ENA + TRSSE GAUGEOS 6 Contributor address; City; State; Zip Code 12/22 WLTD KOSC HIZL	50.00				
GAN ANTONIO, TX 78230	(If travel outside of Texas, complete Schedule T)				
	mployer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)				
10-9-14 HERMATURA LORAGOD Contributor address; City: State; Zip Code 3503 [AVAR BA1100P	41.				
2503 11vlo 6411008	\$ 50.00				
ROVER ROCK, TX 18881	//f travel auticle of Taylor appellate Sabadula To				
	(If travel outside of Texas, complete Schedule T) Inployer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)				
Contributor address: City: State; Zip Code 4) HIXAY RD	\$ 50.00				
10NG FOACH, CA GO807	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)	nployer (See Instructions)				
Date Full name of contributor out-of-state PAC(ID#					
Contributor address; City: State; Zip Code 3183 164674 C.W.	# 10000				
AVG(IN) M 78723	(if travel outside of Texas, complete Schedule T)				
	mployer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$), description (if applicable)				
10-19-14 1717K STANOVAC	contribution (\$) description (if applicable)				
Contributor address; City; State; Zip Code	50.10				
DANGLOOD GOACH FL 33	44)				
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) upployer (See Instructions)				
	•				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete the	is form.	1 Total pages Sch	edule A:
2 FILER NAME VAUERICE MONTRO		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
926-14 Secontributor address; City; State; Zip Cod 2900 DEMONT DR.		\$40.00	
JUGIEN, TX 7873	5	(If travel outside	 of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See	Instructions)	-
Date Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-5-14 Contributor address; Gity; State; Zip Cod	5	\$100.00	
HV91IN, TX 78702		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Full name of contributor ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-8-14 Contributor address; City: State: Zip Cod 3758 PALO 10 TORKHUT HAD WIV, HE 96716	fille	If travel outside	 - of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		
Date Full name of contributor, out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1015-14 Contributor address; City; State; Zip Cod DOO POPUS ST AVGITA X 7870	e	# 100 TO	 of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		
Date Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Cod 7) 77 Mar Morkson	°DR	\$ 20.00	
HV9/IN, 17 1872	<u> </u>		I of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wag	10	CON BOROL MONTH Prints and and
Accounting/Banking	Legal Services Solicitation/Fi		oan Repayment/Reimbursement ransportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Dis	trict	Contributions/Donations Made By
Event Expense Fees	Polling Expense Travel Out O Printing Expense Office Overhi		Candidate/Officeholder/Political Committee
	The Instruction Guide explains how		OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	w to complete this form	
3	A Charles May 1920	1	3 ACCOUNT # (Ethics Commission Filers)
4 Date	THE PROPERTY OF THE PROPERTY O		
10-5-14	5 Payee name MITO14 TOX-MA	\checkmark	
6 Amount (\$)	7 Payee address; City; State, Zip Code	ę	
49.62	1000 6. 11TH GThor, A	VSIIN, TX T	1870)
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (II	travel outside of Texas, complete Schedule T)
OF EXPENDITURE) -	MANT	The Desilone
EXPERIENCE	EVONT KKINST	Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought,	Office held
expenditure to benefit C/C	H Valerie Menard	DISTIL	
Date O	Payee name	04.	
10-14	60 WND ME/WE,	PITY	
Amount (\$)	Payee address; City; State; Zip Code		
\$ 59.18	280 Port Alex, Ava., P.	Aro Arron CA	94 706
PURPOSE	Category (See categories listed at the top of this schedule)	Description (#	travel outside of Texas, complete Schedule T)
OF EXPENDITURE		CAMPAICA	Contlete for5
			itin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Valevie Menark	att Count	7 NZ57Z Office held
Date 10-13-14	Payee name Amplo		
Amount (\$)	Payee address; City; State; Zip Code) _	· · · · · · · · · · · · · · · · · · ·
#36.71	1202 SIMORKY HOIC R.	D. 6	
PURPOSE	Category (See categories listed at the lop of this schedule)	Description (II	travel outside of Texas, complete Schedule T)
OF	100		,
EXPENDITURE	THE PRINTING	Check if Aus	tin, TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H ULPI) & MenarL	Office sought	Office held
Date 10 - 12 - 14	Payee name Milano Blow	40 M3/IN	
Amount (\$)	Payee address; City, State: Zip Code		
TM +600.00	HUSTEN TA TX	758	·
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF	Asimo P		
EXPENDITURE	1/11/11/1/1/1/	Check if Ausi	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH WWW LMRAPA	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NE	EDED
			

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		
Accounting/Banking	Legal Services	Solicitation/Fundra		Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Travel In District	= =	Transportation Equipment & Related Expense
Event Expense	Polling Expense	Travel Out Of Dist	etrict	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R		
·	The Instruction Guide			OTHER (enter a category not listed above) rm.
1 Total pages Schedule F:	2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	
,		ntrol)		3 ACCOUNT # (Ethics Commission Filers)
4 B /-		NITIUS		<u> </u>
4 Date / A) / ///	5 Payee name	<i>[</i>]		
10-21-14	Hynra	0		
6 Amount (\$)	 		<u> </u>	
1-1	Payee address; City; Sta	ate; Zip Code	\sim	
73.61	1 720 + GMOKERY	HOTE KIL	/. /	
/ <u>/· w i</u>	DISTA;	X 78	736	
8 PURPOSE	(a) Category (See categories listed at the top	-Ashir ankadula)	, <u>' </u>	
OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description ((If travel outside of Texas, complete Schedule T)
EXPENDITURE	1 11	1	J	
	1 WENTER 6	,	Check if Ar	ustin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		<u> </u>	
expenditure to benefit C/O	nu 1/1	1 1.	Office sought	t / Office held
Coponactary to Land 1 and 1	" Valerie Nvenav	rol 1/14	Y COVACLE.	1/251-1
Date \\7	Payee name //			
11-14-141	i LVA7			
10011	1700			•
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
M ~ 1	Po Rock 1011			
91 6M 10 1	1 1701 174	ヺ ゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙ヺ゙゚゠゠゠゠		
01 -/0-	I ANGITA, IX 7	8760		
PURPOSE	Category (See categories listed at the top of	of this schodule)	Description (
OF		of inis schedule,	Description ((If travel outside of Texas, complete Schedule T)
EXPENDITURE	till with the	J		
<u> </u>	11100011111111	!	Check if Au	ustin, TX; officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	- 0	Office sought	
expenditure to benefit C/O	DH Walania Maa	/ //,	1. A. A.	//wall
	VV(FI)E TUIENA.	ra lf	TY Const	L 1/19 1
Date	Payee name 1 00		7-1	
İ	1A VVKY5H	<u></u>		
	17/1/11			
Amount (\$)	Payee address; City; Ştat			
\$ 300,00	1704 x 674	11 410	<i>i</i> Z	
71 70000	しかんじょう ・	ラニー!		
	1714/TW, TX	1770 J	<u></u>	
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
OF		,	 I	(Have durate or result, complete delicable 1)
EXPENDITURE	ADVIRTIGIA 6		Chart if A	· · · · · · · · · · · · · · · · · · ·
				ustin, TX, officeholder living expanse
Complete ONLY if direct	Candidate / Officeholder name	1 1	Office sought	Office held
expenditure to benefit C/OF	" Valerie Menai	1 H []	M Coulis	7 11.547
			11 conner.	LIMA
Date / / / / / / /	Payee name	. 111	11	
10-17-14	TX 1/1/101/1/1	MY TUN	1111	
Amount (\$)	City Control	100 11	<u>v1)</u>	
Amount (a)	Payee address; City; State	te; Zip Code	0 0	11 10-1
X11 1200 1	481% KTIST 19	al WHITE	o BIVD,	Ste. 104
1 (07)	LIBON X	707	161	
	TVMENIA	111	<u>TI</u>	
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description ((if travel outside of Texas, complete Schedule T)
OF	0. , , ,			
EXPENDITURE	POULAL KX/M	1150-	Chack if Au	er 🗪 – anda er er er er er
 	C = d() to 1 C (C = b) (C = c)	1		ıstin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	/	Office sought	△ Office held
expenditure to benefit C/OI	" Native surgar	1 13	1774 /64/N	Por Dret 1
	ATTACH ADDITIONAL CC	TITO OF TURE	-/	4 11 11 1
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS N	EEDED
				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE C.	ATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T	alaries/Wages/Contract Labor olicitation/Fundraising Expense ravel In District ravel Out Of District ffice Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
		plains how to complete this fo	orm.
1 Total pages Schedule F:	2 FILER NAME MANAGE	. ^	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-15-14	5 Payee name WKPAY		
\$ Amount (\$) \$151,57	7 Payee address; City: State:	94306	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the land of the	Solon -	(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	A Office soug	the DIST 1 Office held
Date (0 -)) -14	Payee name 01 LY TUAK	Por	
Amount (\$)		Zip Code RD: 1/4/9/IN	TA 18757
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the		(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Gandidate / Officeholder name H VN (PVIC MENUV	d Sty live	Office held
Date	Payee name	*	
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the		(If fravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sough	Austin, TX, officeholder living expense
Date	Рауве пате		
Amount (\$)	Payee address; City: State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the		(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	ustin, TX, officeholder living expense t Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS	NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCH	E	D	U	LE	

		1 Total pages Schedule T:
The Instruction Guide explains how to complete this form:		<u></u>
2 FILER NAME / Alene Meneral 3 ACCOUNT # (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee THAT MALLIANTE MALTY		
5 Contribution / Expenditure reported on:		
Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G		
Schedule H Schedule N COH-UC COH-T PAC-C PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
40.1		
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor /	Corporation or Labor Organization / Pfedgor / Payee	
Contribution / Expenditure reported on:		
Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G		
☐ Sci	hedule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Departure city or name of departure location		
Means of transportation	Purpose of travel (including name of conference, semi	nar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expendi	ture recorted on:	
	hedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
	hedule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Name of person(s) traveling		
	Departure city or name of departure location	
	Destination city or name of destination location	
Na		,
Means of transportatio	n Purpose of travel (including name of conference, semi	nar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		